

THE STATE OF DELAWARE
**DL-3: Application to Make a Direct Donation to the
Donated Leave Bank**

Part I – To be completed by donor employee

Donor's Name _____ Social Security # _____

Agency _____ Work Phone # _____

I hereby donate _____ hours of annual leave and _____ hours of sick leave (**must be equal amounts**) to the Donated Leave Bank.

I understand that my annual leave and sick leave balances will be reduced by the amount of donation I have indicated above.

Donor's Signature _____ Date

Upon completion, please forward to your Supervisor or Division Director.

Part II – To be completed by the donor employee's Supervisor or Division Director

I hereby ____ approve ____ disapprove the donation of leave for the above named employee.

Authorized Signature _____ Date _____ Agency _____

Upon completion, please forward to donor employee's agency personnel/payroll office.

Part III – To be completed by the donor employee's agency personnel/payroll office

I hereby certify the following:

Donor's Name _____ Donor's hourly rate of pay & effective date _____

The donor's sick leave balance will be reduced by _____ hours and the donor's annual leave balance will be reduced by _____ hours as of the pay period ending _____

Authorized Signature _____ Agency Address (include SLC) _____ Date _____

Upon completion of this form, please forward to:

**Office of State Personnel, Benefits Unit
655 South Bay Rd.
Blue Hen Corporate Center, Suite 202
Dover, DE 19901
Phone: 302-739-8331
SLC: D620E**

Part IV – To be completed by the State Personnel Director or Designee

- a. _____
Donor's Name
- b. _____
Donor's hourly rate of pay
- c. _____
Total Hours Donated
- d. _____
\$ Value of donor's donated hours

I hereby affirm that the above information is true and correct to the best of my ability and will make certain that this donation be credited to the Donated Leave Bank.

State Personnel Director or Designee

Date

Upon completion, SPO will return signed original to the donor's agency, and file a copy for their records.